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## \*BIBDATASHEET\*

CONFIRMATION NO. 4302

Bib Data Sheet

<b>SERIAL NUMBER</b> 10757,246	<b>FILING OR 371(c) DATE</b> 01/14/2004 <b>RULE</b> 1.47	<b>CLASS</b> 530	<b>GROUP ART UNIT</b> 1653	<b>ATTORNEY DOCKET NO.</b> 3018W
<b>APPLICANTS</b> Stephen Patrick Finch, New London, WI; <i>Rm</i> <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/439,970 01/14/2003 <b>** FOREIGN APPLICATIONS *****</b> <i>NONE</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY **</b> <b>** 04/16/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and : <i>Rm</i> Acknowledged <i>Rm</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 10
			<b>INDEPENDENT CLAIMS</b> 3	
<b>ADDRESS</b> Robert O. Blinn P.O. Box 75144 Wichita ,KS 67275-0144				
<b>TITLE</b> Method for extracting gluten				
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	